

United States Patent and Trademark Office  
- Sales Receipt -

11/17/2005 PYARBORO 00000001 041679 10840098

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10840098

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR <u>11/7/05</u>  | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <u>28</u>    | <u>22</u>    |
| INDEPENDENT CLAIMS  | <u>3</u>     | minus 3 =    |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 150.00 | OR | BASIC FEE | 300.00 |
| X\$ 25=   |        | OR | X\$50=    |        |
| X100=     |        | OR | X200=     |        |
| +180=     |        | OR | +360=     |        |
| TOTAL     |        | OR | TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       |   | (Column 2)                         |     | (Column 3)    |
|---|----------------------------------|---|------------------------------------|-----|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|   | Total                            | * | Minus                              | **  | =             |
|   | Independent                      | * | Minus                              | *** | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |     |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 25=          |                | OR | X\$50=           |                |
| X100=            |                | OR | X200=            |                |
| +180=            |                | OR | +360=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       |   | (Column 2)                         |     | (Column 3)    |
|---|----------------------------------|---|------------------------------------|-----|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|   | Total                            | * | Minus                              | **  | =             |
|   | Independent                      | * | Minus                              | *** | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |     |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 25=          |                | OR | X\$50=           |                |
| X100=            |                | OR | X200=            |                |
| +180=            |                | OR | +360=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       |   | (Column 2)                         |     | (Column 3)    |
|---|----------------------------------|---|------------------------------------|-----|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|   | Total                            | * | Minus                              | **  | =             |
|   | Independent                      | * | Minus                              | *** | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |     |               |

| RATE    | ADDITIONAL FEE |    | RATE   | ADDITIONAL FEE |
|---------|----------------|----|--------|----------------|
| X\$ 25= |                | OR | X\$50= |                |
| X100=   |                | OR | X200=  |                |
| +180=   |                | OR | +360=  |                |